

## CITY OF NEWPORT BEACH

## **REVENUE DIVISION**

3300 NEWPORT BOULEVARD ● P.O. BOX 1768 NEWPORT BEACH, CA 92658-8915 (949) 644-3141

RevenueHelp@newportbeachca.gov http://www.newportbeachca.gov/Revenue

\$82.00

PAWNBROKER PERMIT APPLICATION

		PAWNBROKER RENEWAL		\$44.00	
		ONDHAND PERMIT APP CONDHAND RENEWAL	LICATION	\$82.00 \$44.00	
APPLICANT INFORMA	TION				
Name:		Maiden / AKA:			
Address:					Suite
City:	State:	Zip:	Pho	one:	
Orivers License:	State:	M F Height:	_ Weight: _	Hair:	Eyes:
	Oth	er Federal, State or City Lice	nses Held		
Social Security:			YES / NO	Date of Bir	th
Place of Birth  EMPLOYMENT INFORI	last three (3) years. B	US Citizen?  Begin with your most recent eled. Attach additional sheets,  Phone	mployment. If s		ed, include name,
Place of Birth  EMPLOYMENT INFORI List all employers in the address, dates, and type	<b>MATION</b> last three (3) years. Be of business conducte	legin with your most recent e ed. Attach additional sheets,	mployment. If sift necessary.		ed, include name,
Place of Birth  EMPLOYMENT INFORI List all employers in the address, dates, and type	<b>MATION</b> last three (3) years. Be of business conducte	legin with your most recent e ed. Attach additional sheets,	mployment. If sift necessary.		ed, include name,
Place of Birth  EMPLOYMENT INFORITIES IN the Enddress, dates, and type Business Name  CURRENT EMPLOYER	MATION last three (3) years. Be of business conducte Address	degin with your most recent e ed. Attach additional sheets, Phone	mployment. If sif necessary. Position	Self-Employe	ed, include name, Employment Dates
Place of Birth  EMPLOYMENT INFORITIES IN the Induress, dates, and type Business Name  CURRENT EMPLOYER Business Name:	MATION last three (3) years. Be of business conducte Address	legin with your most recent e ed. Attach additional sheets,	mployment. If sif necessary. Position	Self-Employe	
EMPLOYMENT INFORITIES IN the Enddress, dates, and type Business Name  CURRENT EMPLOYER Business Name:	MATION last three (3) years. Be of business conducte Address	degin with your most recent e ed. Attach additional sheets, Phone	mployment. If with the second	Self-Employe Phone:	ed, include name, Employment Dates
EMPLOYMENT INFORILIST all employers in the address, dates, and type Business Name  CURRENT EMPLOYER Business Name:	MATION last three (3) years. Be of business conducte Address	degin with your most recent e ed. Attach additional sheets, Phone	mployment. If sif necessary.  Position	Self-Employe	ed, include name, Employment Dates
EMPLOYMENT INFORILIST all employers in the address, dates, and type Business Name  CURRENT EMPLOYER Business Name:	MATION last three (3) years. Be of business conducte Address	degin with your most recent e ed. Attach additional sheets, Phone	mployment. If with the second	Self-Employe Phone:	ed, include name, Employment Dates

## ARREST AND CRIMINAL INFORMATION

Have you <u>ever</u> been arrested or "booked" by a law enforcement official, or held for investigation, or indicted by a Grand Jury, or appeared in court on a warrant, either as a Juvenile or Adult, or as a civilian, or member of the Armed Forces?

If the answer is YES to <u>any</u> of the above questions, you must list each incident below. Attach any additional information on a separate sheet. **This form must be completed in order to have your permit process begin.** 

Original Arrest Charge (Crime):		Violation Date:				
	Final Charge:					
Arresting Agency / City						
Original Arrest Charge (Crime):		Violation Date:				
Disposition of Charge:	Final Charge:					
Arresting Agency / City						
If the answer to <u>all</u> the above questions is NO, please sign the declaration below.						
I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT I HAVE NEVER BEEN ARRESTED BY ANY LAW ENFORCEMENT AGENCY, HELD FOR INVESTIGATION, INDICTED BY A GRAND JURY, OR THE SUBJECT OF ANY CRIMINAL PROSECUTION. I FULLY UNDERSTAND THAT OMITTING ANY INFORMATION BELOW WILL RESULT IN THE DENIAL OF THE PERMIT REQUESTED, WITH NO REFUND OF THE APPLICATION FEES.						
Name (Printed)	Signature	Date				
DECLARATION						
CORRECT. I UNDERSTAND T DENIAL OR REVOCATION OF AUTHORIZE THE CITY, ITS CONTAINED ON THIS APPLIC APPLIED FOR UNTIL A LICI	THE PENALTY OF PERJURY THAT THE INFO THAT BY PROVIDING FALSE OR WITHHOLDING MY PERMIT, AND MAY SUBJECT ME TO CRIMIN AGENTS AND EMPLOYEES TO SEEK VERIF CATION. I FURTHER UNDERSTAND THAT I MA ENSE HAS BEEN GRANTED. I UNDERSTAND ETAIL SALES OF FIREARMS IS AVAILABLE TO M	INFORMATION IS GROUNDS FOR IAL PROSECUTION. I DO HEREBY ICATION OF THE INFORMATION AY NOT CONDUCT THE ACTIVITY D THAT A COPY OF THE CITY				
Name (Printed)	Signature	Date				
OFFICE USE ONLY						
RECOMMENDATION: GRANT DENY TERMINATE OTHER:						
INVESTIGATING OFFICER		Date:				
SUPERVISOR APPROVING		Date:				
REVENUE MANGER:		Date:				
PERMIT NO.	DATE ISSUED:	FEE PAID: \$				